

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-013067

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2566

STATE FILE NUMBER

FILED MAR 28 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST LOUISLength of stay in lb  
D.O.A.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO b. COUNTY

c. CITY OR TOWN ST LOUIS

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION CITY HOSPInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
5400 ARSENAL STReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First HENRY

Middle

Last BROHAMMER

4. DATE OF DEATH

Month Day Year  
MAR 1 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/25/87

9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10b. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (City and state or country)

MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Gus Brohammer

13b. MOTHER'S MAIDEN NAME

Martha (Unknown)

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCE  
(Yes, no, or unknown) (If yes, give war or dates)

Unknown

17. INFORMANT

Address  
St Vincent de Paul Society 4140 Lindell18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Fracture of Neck of Left Femur;  
suffered in fall at St. Louis State Hospital 2/9/63.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

accident

904.7 - 45

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Doe above

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

2-9-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Hospital

20f. CITY, TOWN, OR LOCATION

St. Louis, MO

COUNTY

STATE

21. I attended the deceased from

Death occurred at

7:30 P.

to and last saw her alive on m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helene L. Taylor Carson

22b. ADDRESS

300 Clark Ave.

22c. DATE SIGNED

3-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/7/63

23c. NAME OF CEMETERY OR CREMATORY

St. Peter &amp; Paul

23d. LOCATION (City, town, or county)

St. Louis Co. Mo

(State)

24. FUNERAL DIRECTOR

Cullen Kelly

ADDRESS

7267 Natural Bridge

25. DATE RECD. BY LOCAL REG.

MAR 6 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

12

VS 300

Rev. 4/59

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91

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.